DECLARATION AND POWER OF					ORNEY	At		ey Docke 140672	t No),
As a below name	d invento	or, I hereby	declare that:							
My residence, po	st office :	address and	d citizenship are	as stat	ed below next to my	name.				
I believe I am the inventor (if plura sought on the inv	al names	are listed ntitled: N	below) of the selection below.	ubject D API	ne name is listed be matter which is cl PARATUS FOR AL AGE RECONSTR	aimed and RTIFACT	for	which a	a pa	itent is
the specification	of which:		BONE BEAM C		AGE RECONSTR	0011011,				
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I hereby state that the claims, as am					itents of the above i	dentified sp	ecif	ication,	inc	cluding
I acknowledge taccordance with					s material to the ex	amination	of t	his app	lica	tion in
have also identifi	ied below s), or any claimed:	, by checki PCT inter	ing the box, any	foreig ion ha	n the United States on application for pataving a filing date be	ent, inventor efore that of	r's c	r plant	bree tion	eder's i on
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_ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. 140672

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

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